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EXAMINER

LEE, ANDREW CHUNG CHEUNG

P O Box 1450 Alexandria, Virgima 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

4955 7590 06/08/2009
WARE FRESSOLA VAN DER SLUYS & ADOLPHSON, LLP
RD ADEODD GIPEEN BUILDING 5

WARE FRESSOLA VAN DER SLUYS & ADOLPHSON, LLI BRADFORD GREEN, BUILDING 5 755 MAIN STREET, P O BOX 224 MONROE, CT 06468

ART UNIT PAPER NUMBER

2419 DATE MAILED: 06/08/2009

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/534,011      | 04/24/2006  | Zhuyan Zhao          | 915-006.075         | 2754             |

TITLE OF INVENTION: METHOD, DEVICE AND SYSTEM FOR DETERMINING A TRANSMISSION POWER FOR ARQ RELATED RE-TRANSMISSIONS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 09/08/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 1SI. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FIEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This<br>appropriate. All further<br>indicated unless correcte<br>maintenance fee notifical                                                              | form should be used to<br>correspondence including<br>a below or directed oth<br>tions.                                                                | for transmitting the<br>ng the Patent, advan-<br>nerwise in Block 1, I                                   | ISSUE FEE and PUBL<br>ce orders and notification<br>oy (a) specifying a new                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n of n                                                          | ON FEE (if require<br>naintenance fees will<br>pondence address; a                                              | ed). B<br>II be i<br>and/or                  | locks 1 through 5 st<br>nailed to the current<br>(b) indicating a sepa                                                      | nould be completed where<br>correspondence address as<br>trate "FEE ADDRESS" for                                                                  |
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|                                                                                                                                                                       | ENCE ADDRESS (Note: Use Bi                                                                                                                             | ock 1 for any change of add                                                                              | ress)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Note<br>Fee(<br>pape<br>have                                    | e: A certificate of m<br>s) Transmittal. This<br>ers. Each additional<br>its own certificate of                 | nailing<br>certifi<br>paper,<br>of mai       | can only be used fo<br>cate cannot be used f<br>such as an assignme<br>ling or transmission.                                | r domestic mailings of the<br>or any other accompanying<br>nt or formal drawing, must                                                             |
| BRADFORD GI<br>755 MAIN STR                                                                                                                                           | 7590 06/08<br>OLA VAN DER<br>REEN, BUILDING<br>EET, PO BOX 224                                                                                         | SLUYS & ADO                                                                                              | OLPHSON, LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I be                                                            | Certi                                                                                                           | ificate                                      | of Mailing or Trans                                                                                                         |                                                                                                                                                   |
| MONROE, CT                                                                                                                                                            | 06468                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                                                 |                                              |                                                                                                                             | (Depositor's name)                                                                                                                                |
|                                                                                                                                                                       |                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | $\vdash$                                                        |                                                                                                                 |                                              |                                                                                                                             | (Signature)                                                                                                                                       |
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| APPLICATION NO.                                                                                                                                                       | FILING DATE                                                                                                                                            |                                                                                                          | FIRST NAMED INVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NTOR                                                            |                                                                                                                 | ATTO                                         | RNEY DOCKET NO.                                                                                                             | CONFIRMATION NO.                                                                                                                                  |
| 10/534,011                                                                                                                                                            | 04/24/2006                                                                                                                                             |                                                                                                          | Zhuyan Zhao                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                                                 |                                              | 915-006.075                                                                                                                 | 2754                                                                                                                                              |
| TITLE OF INVENTION RE-TRANSMISSIONS                                                                                                                                   | ON: METHOD, DEVI                                                                                                                                       | CE AND SYSTEM                                                                                            | I FOR DETERMININ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ig A                                                            | TRANSMISSION                                                                                                    | POV                                          | VER FOR ARQ R                                                                                                               | ELATED                                                                                                                                            |
| APPLN, TYPE                                                                                                                                                           | SMALL ENTITY                                                                                                                                           | ISSUE FEE DUE                                                                                            | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DUE                                                             | PREV. PAID ISSUE                                                                                                | FEE                                          | TOTAL FEE(S) DUE                                                                                                            | DATE DUE                                                                                                                                          |
| nonprovisional                                                                                                                                                        | NO                                                                                                                                                     | \$1510                                                                                                   | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 | \$0                                                                                                             |                                              | \$1810                                                                                                                      | 09/08/2009                                                                                                                                        |
| EXAM                                                                                                                                                                  | INER                                                                                                                                                   | ART UNIT                                                                                                 | CLASS-SUBCLA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SS                                                              |                                                                                                                 |                                              |                                                                                                                             |                                                                                                                                                   |
| LEE, ANDREW C                                                                                                                                                         | HUNG CHEUNG                                                                                                                                            | 2419                                                                                                     | 370-342000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | •                                                                                                               |                                              |                                                                                                                             |                                                                                                                                                   |
|                                                                                                                                                                       | ondence address (or Cha<br>3/122) attached.<br>ication (or "Fee Address'<br>2 or more recent) attach                                                   | inge of Corresponden  "Indication form and. Use of a Custom                                              | ce or agents OR, ab  (2) the name of registered attorn 2 registered pate listed, no name of the control of the | up to<br>ernative<br>a single<br>ey or a<br>nt attor<br>vill be | e firm (having as a r<br>gent) and the names<br>meys or agents. If no<br>printed.                               | attorn                                       | 2                                                                                                                           |                                                                                                                                                   |
| PLEASE NOTE: Uni<br>recordation as set forti<br>(A) NAME OF ASSIG                                                                                                     | GNEE                                                                                                                                                   |                                                                                                          | (B) RESIDENCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (CITY                                                           | and STATE OR CO                                                                                                 | DUNT                                         | RY)                                                                                                                         | ocument has been filed for                                                                                                                        |
| 4a. The following fee(s):  Issue Fee Publication Fee (N                                                                                                               | o small entity discount p                                                                                                                              | permitted)                                                                                               | The Director is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | osed.<br>dit can<br>hereby                                      | d. Form PTO-2038                                                                                                | is atta                                      | ched.<br>equired fee(s), any de                                                                                             | shown above) ficiency, or credit any n extra copy of this form).                                                                                  |
|                                                                                                                                                                       | s SMALL ENTITY state                                                                                                                                   | as. See 37 CFR 1.27.                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                                                 |                                              | TTY status. Sec 37 Cl                                                                                                       |                                                                                                                                                   |
| NOTE: The Issue Fee and<br>interest as shown by the i                                                                                                                 | d Publication Fee (if req<br>ecords of the United Sta                                                                                                  | uired) will not be acc<br>ites Patent and Trader                                                         | epted from anyone other<br>nark Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | than t                                                          | he applicant; a regist                                                                                          | tered a                                      | ttorney or agent; or th                                                                                                     | e assignee or other party in                                                                                                                      |
| Authorized Signature                                                                                                                                                  |                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | Date                                                                                                            |                                              |                                                                                                                             |                                                                                                                                                   |
| Typed or printed name                                                                                                                                                 |                                                                                                                                                        |                                                                                                          | Registration No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o                                                               |                                                                                                                 |                                              |                                                                                                                             |                                                                                                                                                   |
| This collection of inform<br>an application. Confident<br>submitting the complete<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | ation is required by 37 C<br>tiality is governed by 35<br>I application form to the<br>ons for reducing this bu-<br>irginia 22313-1450. DC<br>13-1450. | CFR 1.311. The information U.S.C. 122 and 37 C U.S.PTO. Time will reden, should be sent to NOT SEND FEES | nation is required to obta<br>FR 1.14. This collection<br>vary depending upon the<br>to the Chief Information<br>OR COMPLETED FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | in or r<br>is est<br>indiv<br>Office<br>MS TO                   | etain a benefit by the<br>imated to take 12 m<br>idual case. Any con<br>r, U.S. Patent and T<br>O THIS ADDRESS. | e publ<br>inutes<br>nment:<br>'radem<br>SENI | ic which is to file (and<br>to complete, including<br>s on the amount of tin<br>ark Office, U.S. Depo<br>O TO: Commissioner | by the USPTO to process)<br>g gathering, preparing, and<br>ne you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |

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# UNITED STATES PATENT AND TRADEMARK OFFICE

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DATE MAILED: 06/08/2009

| APPLICATION NO. | FILING DATE            | FIRST NAMED INVENTOR                      | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |
|-----------------|------------------------|-------------------------------------------|---------------------|------------------|--|--|
| 10/534,011      | 04/24/2006 Zhuyan Zhao |                                           | 915-006.075         | 2754             |  |  |
| 4955            | 590 06/08/2009         |                                           | EXAMINER            |                  |  |  |
| WARE FRESSO     | LA VAN DER SLU         | LEE, ANDREW CHUNG CHEUNG                  |                     |                  |  |  |
|                 | EEN, BUILDING 5        |                                           | ART UNIT            | PAPER NUMBER     |  |  |
|                 | ET, P O BOX 224        | 2419                                      |                     |                  |  |  |
| MONROE, CT 06   | 468                    | TO ACTUAL AND A TOTAL OF STORY (ADDITION) |                     |                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 531 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 531 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

# Application No. Applicant(s) 10/534 011 ZHAO ET AL. Notice of Allowability Examiner Art Unit Andrew C. Lee 2419 -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308. This communication is responsive to the Amendment dated 4/21/2009. The allowed claim(s) is/are 1,3,4,5,6,7,8,10,13,14,15 renumbered 1 - 11. 3. Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) $\square$ All b) ☐ Some\* c) ☐ None of the: 1. T Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)). \* Certified copies not received: \_\_\_\_\_. Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. 4. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. CORRECTED DRAWINGS (as "replacement sheets") must be submitted. (a) Including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). 6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. Attachment(s) 1. | Notice of References Cited (PTO-892) 5. Notice of Informal Patent Application 2. Notice of Draftperson's Patent Drawing Review (PTO-948) Interview Summary (PTO-413), Paper No./Mail Date Information Disclosure Statements (PTO/SB/08). 7. X Examiner's Amendment/Comment Paper No./Mail Date

U.S. Patent and Trademark Office

Examiner, Art Unit 2419

/Andrew C Lee/

of Biological Material

4. T Examiner's Comment Regarding Requirement for Deposit

8. X Examiner's Statement of Reasons for Allowance

Supervisory Patent Examiner, Art Unit 2419

9. ☐ Other .

/Avaz R. Sheikh/

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# EXAMINER'S AMENDMENT

 An examiner's amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 CFR 1.312. To ensure consideration of such an amendment, it MUST be submitted no later than the payment of the issue fee.

 Authorization for this examiner's amendment was given in a telephone interview with Mr. Alfred A. Fressola on May 27, 2009. June 02, 2009. and

- 3. The application has been amended as follows:
  - · Claim 11 has been canceled.
- (Canceled).
  - Claim 12 has been canceled.
- 12. (Canceled)
- 4. The following is an examiner's statement of reasons for allowance:

The prior art made of record, in single or in combination, fails to disclose explicitly the limitation of

"wherein said transmission power correction factor is a product of a first factor, a second factor and a third factor, wherein a value of said first factor is equal to a value out of -1 and +1; said second factor is defined mathematically as following:

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where C<sup>KI</sup> Ni is a binomial coefficient, FER is said pre-defined target error ratio,

Ni is said first error quantity and Ki is said second error quantity; and

said third factor is said transmission power correction step value" as disclosed in
claims1, 14 and 15, respectfully.

- 5. Additionally, all of the further limitations in claims 3, 4, 5, 6, 7, 8, 10 are allowable since the claims are dependent upon independent claim 1.
- 6. Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

## Conclusion

 Any inquiry concerning this communication or earlier communications from the examiner should be directed to Andrew C. Lee whose telephone number is (571)272-3131. The examiner can normally be reached on Monday through Friday from 8:30am -5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Ayaz Sheikh can be reached on (571) 272-3795. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Andrew C Lee/ Examiner, Art Unit 2419 <6/02/2009::3Qy09> /Ayaz R. Sheikh/ Supervisory Patent Examiner, Art Unit 2419